

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Tint Biz INC.

BUSINESS STREET ADDRESS: 2201 SW 112th Ave ZIP 33325

BUSINESS MAILING ADDRESS: Same as above ZIP _____

BUSINESS PHONE: 954-424-8390

DESCRIBE TYPE OF BUSINESS: All Window Tinting done at customers Location.

BUSINESS IS: Corporation ☒ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Hernando Joe Nieto</u>	<u>2201 SW 112th Ave</u>	<u>Davie, FL 33325</u>	<u>954-822-4993</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2005, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Hernando Nieto owner
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>4/10/05</u> Category <u>22007</u> Fee Exempt per Sec. 13-13 _____ Fee <u>54.71</u> Rec# _____ New _____ Trans _____		
License # <u>6521578</u>	Control # <u>17059</u>	Zoning <u>R-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u>[Signature]</u>	Date <u>4/12/05</u>
Town Council Date _____	Approved _____	Denied _____
Tabled To _____	Approved _____	Denied _____

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

3/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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